



# Dangerous Waste Annual Report Verification Form

**2001**

Washington State Department of Ecology  
Hazardous Waste Information  
P. O. Box 47658  
Olympia, WA 98504-7658  
(800) 874-2022 (within state)  
(360) 407-6170

For Ecology Use Only - Date Received :

Form	Review	HWIMSy Entry	Verification
VF			
GM			
WR			
OI			

## Site Location Information:

RCRA Site ID: **WAD 980 738 546**

Current Company Name: **Alaskan Copper Works**

Site Location: **3200 6TH AVE S**

City/State/Zip: **SEATTLE, WA 98134**

Dept. of Revenue Tax Registration Number: **578-033-053**

County: **KING**

Primary SIC : **3443**

NAICS: **332996**

**This Report is  
Due  
No Later Than  
March 1, 2002**

All information listed below is required. If information is missing or incorrect, please enter the changes in the right hand column.

### 1a The mailing address for this site is:

Name: **Alaskan Copper Co Inc**  
Mail Address: **PO Box 3546**  
**SEATTLE, WA 98124-3546**

### 1b

Name: \_\_\_\_\_  
Mail Address: \_\_\_\_\_

### 2a The legal company/agency owner is:

Name: **Alaskan Copper & Brass Co**  
Mail Address: **PO Box 3546**  
**SEATTLE, WA 98124-3546**  
Work Phone: **(206)623-5800** Ext: \_\_\_\_\_

### 2b

Name: \_\_\_\_\_  
Mail Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Ext: \_\_\_\_\_

Did the company ownership change in 2001?

- ☐ Yes Date: \_\_\_\_\_ (continue to the right):  
☐ No (go to 3a):

I represent the

- ☐ Current Company Owner  
☐ Previous Company Owner

This report covers waste activity for:

- ☐ Entire year  
☐ My term of ownership only

### 3a The land owner of this site is:

Name: **Rosen Investment Co**  
Mail Address: **PO Box 3546**  
**SEATTLE, WA 98124-3546**  
Phone: **(206)623-5800** Ext: \_\_\_\_\_

### 3b

Name: \_\_\_\_\_  
Mail Address: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Ext: \_\_\_\_\_

### 4a The contact for site visits and inspections is:

Name/Title: **James Brown**  
Mail Address: **3200 6th Ave S**  
**SEATTLE, WA 98124**  
Work Phone: **(206)623-5800** Ext: \_\_\_\_\_

### 4b

Name/Title: \_\_\_\_\_  
Mail Address: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Ext: \_\_\_\_\_

### 5a The contact for annual report forms is:

Name/Title: **Shawn Rajabi**  
Mail Address: **140 Rainier Ave S #7**  
**RENTON, WA 98055**  
Work Phone: **(800)800-7644** Ext: \_\_\_\_\_

### 5b

Name/Title: **James Brown**  
Mail Address: **3200 6th Ave S**  
**Seattle WA 98124**  
Work Phone: \_\_\_\_\_ Ext: \_\_\_\_\_

28644225



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6. Generator Status Required – Indicate the facility's generator status for 2001 by checking the appropriate box. If you changed from last year, use the Comment Section (#9, below) to explain.

- ☒ Large Quantity Generator (LQG) ☐ Small Quantity Generator (SQG)  
☐ Medium Quantity Generator (MQG) ☐ No Regulated Waste Generated

7. Electronic Data Submittal - if submitting data electronically, indicate your method of submission. VF must be submitted on paper.

- ☐ Disk(s) included ☐ Data submitted by e-mail

8. Waste Management Activities – Check boxes below ONLY if they apply to your site

8a. Transportation Activity (requires prior notification)

- ☐ Transporter for your own waste  
☐ Transporter for commercial purposes  
☐ Transfer facility  
Mode of Transportation  
☐ Air  
☐ Rail  
☐ Highway  
☐ Water  
☐ Other - specify: \_\_\_\_\_

8b. Treatment, Storage, Disposal, Recycling (TSDR) Facility (requires permit)

- ☐ For waste generated at this site  
☐ For waste generated by other facilities  
Which of the Following RCRA permitted activities occur at this facility?  
☐ Treatment  
☐ Disposal  
☐ Storage  
☐ No longer RCRA-TSD active

8c. ☐ 24 Hour Immediate Recycler (commercially receives off-site waste)

8d. Used Oil Fuel Marketer

- ☐ Directs shipment or used oil to used oil burner  
☐ First claims the used oil meets the specifications

8e. Used Oil Burner – indicate type(s) of combustion device(s)

- ☐ Utility boiler  
☐ Industrial furnace  
☐ Industrial boiler

8f. Used Oil Transporter – indicate type(s) of activity(ies)

- ☐ Transfer facility  
☐ Transporter

8g. Used Oil Processor/Re-refiner – indicate type(s) of combustion device(s)

- ☐ Process  
☐ Re-refine

8h. Dangerous Waste Fuel Activity

- ☐ Generator of fuel  
☐ Generator marketing to burner  
☐ Other marketers (i.e., blender, distributor)  
Deferrals/exemptions (in federal registers only)  
☐ Smelter deferral  
☐ Small quantity exemption  
☐ Other  
Burner (indicate type of combustion unit)  
☐ Utility boiler  
☐ Industrial boiler  
☐ Industrial furnace

8i. LQHUW (Large Quantity Handler of Universal Waste)

- ☐ Batteries  
☐ Mercury containing thermostats  
☐ Lamps

8j. Excluded On-Site Waste management Activities (for waste streams that are not reported on a GM form)

- ☐ Permit-by-Rule (PBR)  
☐ Recycling without prior storage or accumulation

9. Comments – additional sheet may be attached for comments if needed

#### 10. Certification

The following must be signed by authorized representative of the company/agency. This certification language is required under EPA's Biennial Report. Ecology is required to implement reporting requirements at least as stringent as those in that report.

*I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.*

Signature (in ink) James Brown Date February 26, 2002

Name (print/type) James Brown Title Operations Manager

*If you have special accommodation needs or require this document in an alternative format, please contact the Hazardous Waste and Toxics Reduction Program at (360) 407-6006 (TDD).*

# 2001 GENERATION AND MANAGEMENT FORM ANSWER SHEET

Please enter your RCRA Site ID number and site name at right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams.

Then complete one answer for each waste stream.

Be sure to reference the instructions as you complete this form.

Printed by Turbo Waste

PLEASE ENTER:

RCRA SITE ID # WAD980738546

Site name: Alaskan Copper  
Works

FOR ECOLOGY USE ONLY

Date Received: \_\_\_\_\_

## A. Description of Dangerous Waste Stream

A-1. _____ (optional)		Sequence No. 5
A-2. Waste Flammable Liquids, Toxic, N.O.S. - Lab Pack		
A-3. D001		A-4. WL02
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW	A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	A-7. A58
A-8. B003	A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v (If v, answer A-9.a.)	
A-9.a. _____		

## B. Waste Management Activities

B-1. 240.00 <input type="checkbox"/> ST <input type="checkbox"/> MT <input checked="" type="checkbox"/> P <input type="checkbox"/> K <input type="checkbox"/> G <input type="checkbox"/> L <input type="checkbox"/> C (If G, L, or C, answer B-1.a.)	
B-1.a. <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity <input type="checkbox"/> lbs/Yd3	
B-2. <input type="checkbox"/> On-Site <input checked="" type="checkbox"/> Off-Site <input type="checkbox"/> Both	
B-3. _____	B-3.a. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
No Longer Required	
B-4. i. Designated Facility (TSDR) ID Numbers	ii. System Code
UTD981552177	M041
iii. Quantity	iv. Recycling Percent
240.00	

Monday, February 25, 2002 1:29:29 PM

BOOK 1: FORMS AND INSTRUCTIONS

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**B-5. If additional space is required, use continuation sheet on the following page.**

i. Date Shipped (yyyy/mm/dd)	ii. Manifest Document Number	iii. Internal Tracking Code(optional)	iv. Designated Facility RCRA Site ID Number	v. Quantity Shipped
2001/11/14	57850		UTD981552177	240.00



# 2001 GENERATION AND MANAGEMENT FORM ANSWER SHEET

Please enter your RCRA Site ID number and site name at right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams.

Then complete one answer for each waste stream.

Be sure to reference the instructions as you complete this form.

Printed by Turbo Waste

PLEASE ENTER:

RCRA SITE ID # WAD980738546

Site name: Alaskan Copper  
Works

FOR ECOLOGY USE ONLY

Date Received: \_\_\_\_\_

## A. Description of Dangerous Waste Stream

A-1. _____ (optional)		Sequence No. 9	
A-2. Waste Flammable Liquids, Toxic, N.O.S. Corrosive - Lab Pack			
A-3. D001 D002 D005 D035		A-4. WL02	
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW		A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
A-7. A58			
A-8. B003	A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v (If v, answer A-9.a.)		
A-9.a. _____			

## B. Waste Management Activities

B-1. 180.00 <input type="checkbox"/> ST <input type="checkbox"/> MT <input checked="" type="checkbox"/> P <input type="checkbox"/> K <input type="checkbox"/> G <input type="checkbox"/> L <input type="checkbox"/> C (If G,L, or C, answer B-1.a.)			
B-1.a. <input checked="" type="checkbox"/> Lbs/gal <input checked="" type="checkbox"/> Specific Gravity <input checked="" type="checkbox"/> lbs/Yd3			
B-2. <input type="checkbox"/> On-Site <input checked="" type="checkbox"/> Off-Site <input type="checkbox"/> Both			
B-3. _____	B-3.a. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		No Longer Required
B-4. i. Designated Facility (TSDR) ID Numbers UTD981552177			
ii. System Code M041			
iii. Quantity 180.00			
iv. Recycling Percent			

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BOOK 1: FORMS AND INSTRUCTIONS

AKC-0019788

**B-5. If additional space is required, use continuation sheet on the following page.**

i. Date Shipped (yyyy/mm/dd)	ii. Manifest Document Number	iii. Internal Tracking Code(optional)	iv. Designated Facility RCRA Site ID Number	v. Quantity Shipped
2001/11/14	57850		UTD981552177	180.00

# 2001 GENERATION AND MANAGEMENT FORM ANSWER SHEET

Please enter your RCRA Site ID number and site name at right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams.

Then complete one answer for each waste stream.

PLEASE ENTER:

RCRA SITE ID # WAD980738546

Site name: Alaskan Copper  
Works

FOR ECOLOGY USE ONLY

Date Received: \_\_\_\_\_

Be sure to reference the instructions as you complete this form.

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A. Description of Dangerous Waste Stream			
A-1. _____ (optional)		Sequence No. <u>10</u>	
A-2. <u>Waste Zinc Powder N.O.S. - Lab Pack</u>			
A-3. <u>D003</u>		A-4. <u>WL02</u>	
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW		A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
A-7. <u>A58</u>			
A-8. <u>B003</u>		A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v (If v, answer A-9.a.)	
		A-9.a. _____	
B. Waste Management Activities			
B-1. <u>185.00</u> <input type="checkbox"/> ST <input type="checkbox"/> MT <input checked="" type="checkbox"/> P <input type="checkbox"/> K <input type="checkbox"/> G <input type="checkbox"/> L <input type="checkbox"/> C (If G,L, or C, answer B-1.a.)			
B-1.a. _____ <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity <input type="checkbox"/> lbs/Yd3			
B-2. <input type="checkbox"/> On-Site <input checked="" type="checkbox"/> Off-Site <input type="checkbox"/> Both			
B-3. _____		B-3.a. <input type="checkbox"/> Yes <input type="checkbox"/> No	
No Longer Required			
B-4. i. Designated Facility (TSDR) ID Numbers ii. System Code iii. Quantity iv. Recycling Percent			
<u>UTD981552177</u>		<u>M043</u> <u>185.00</u>	

**B-5. If additional space is required, use continuation sheet on the following page.**

i. Date Shipped (yyyy/mm/dd)	ii. Manifest Document Number	iii. Internal Tracking Code(optional)	iv. Designated Facility RCRA Site ID Number	v. Quantity Shipped
2001/11/14	57850		UTD981552177	185.00

# 2001 GENERATION AND MANAGEMENT FORM ANSWER SHEET

Please enter your RCRA Site ID number and site name at right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams.

Then complete one answer for each waste stream.

Be sure to reference the instructions as you complete this form.

Printed by Turbo Waste

PLEASE ENTER:

RCRA SITE ID # WAD980738546

Site name: Alaskan Copper  
Works

FOR ECOLOGY USE ONLY

Date Received: \_\_\_\_\_

## A. Description of Dangerous Waste Stream

A-1. _____ (optional)		Sequence No. <u>11</u>	
A-2. <u>Waste Aerosols</u>			
A-3. <u>D001</u>		A-4. <u>WT02</u>	
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW		A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
A-7. <u>A58</u>			
A-8. <u>B009</u>	A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v (If v, answer A-9.a.)		
A-9.a. _____			

## B. Waste Management Activities

B-1. <u>10.00</u> <input type="checkbox"/> ST <input type="checkbox"/> MT <input checked="" type="checkbox"/> P <input type="checkbox"/> K <input type="checkbox"/> G <input type="checkbox"/> L <input type="checkbox"/> C (If G,L, or C, answer B-1.a.)	
B-1.a. _____ <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity <input type="checkbox"/> lbs/Yd3	
B-2. <input type="checkbox"/> On-Site <input checked="" type="checkbox"/> Off-Site <input type="checkbox"/> Both	
B-3. _____	B-3.a. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
No Longer Required	
B-4. i. Designated Facility (TSDR) ID Numbers ii. System Code iii. Quantity iv. Recycling Percent	
<u>UTD981552177</u>	<u>M041</u> <u>10.00</u>

**B-5. If additional space is required, use continuation sheet on the following page.**

i. Date Shipped (yyyy/mm/dd)	ii. Manifest Document Number	iii. Internal Tracking Code(optional)	iv. Designated Facility RCRA Site ID Number	v. Quantity Shipped
2001/11/14	57850		UTD981552177	10.00



# 2001 GENERATION AND MANAGEMENT FORM ANSWER SHEET

Please enter your RCRA Site ID number and site name at right,  
before making as many two-sided copies of this answer sheet as  
you will need to report each of your waste streams.

Then complete one answer for each waste stream.

Be sure to reference the instructions as you complete this form.

Printed by Turbo Waste

PLEASE ENTER:

RCRA SITE ID # WAD980738546

Site name: Alaskan Copper  
Works

FOR ECOLOGY USE ONLY

Date Received: \_\_\_\_\_

## A. Description of Dangerous Waste Stream

A-1. _____ (optional)		Sequence No. <u>6</u>	
A-2. <u>Waste Hydrochloric Acid</u>			
A-3. <u>D002</u>		A-4. <u>WT02</u>	
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW		A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
A-7. <u>A58</u>			
A-8. <u>B104</u>	A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v (If v, answer A-9.a.)		
A-9.a. _____			

## B. Waste Management Activities

B-1. <u>90.00</u> <input type="checkbox"/> ST <input type="checkbox"/> MT <input checked="" type="checkbox"/> P <input type="checkbox"/> K <input type="checkbox"/> G <input type="checkbox"/> L <input type="checkbox"/> C (If G, L, or C, answer B-1.a.)	
B-1.a. _____ <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity <input type="checkbox"/> lbs/Yd3	
B-2. <input type="checkbox"/> On-Site <input checked="" type="checkbox"/> Off-Site <input type="checkbox"/> Both	
B-3. _____	B-3.a. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
No Longer Required	
B-4. i. Designated Facility (TSDR) ID Numbers ii. System Code iii. Quantity iv. Recycling Percent	
<u>FCCANADA</u> <u>M079</u> <u>90.00</u>	

**B-5. If additional space is required, use continuation sheet on the following page.**

i. Date Shipped (yyyy/mm/dd)	ii. Manifest Document Number	iii. Internal Tracking Code(optional)	iv. Designated Facility RCRA Site ID Number	v. Quantity Shipped
2001/11/14	57853		FCCANADA	90.00

# 2001 GENERATION AND MANAGEMENT FORM ANSWER SHEET

Please enter your RCRA Site ID number and site name at right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams.

Then complete one answer for each waste stream.

PLEASE ENTER:

RCRA SITE ID # WAD980738546

Site name: Alaskan Copper  
Works

FOR ECOLOGY USE ONLY

Date Received: \_\_\_\_\_

Be sure to reference the instructions as you complete this form.

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A. Description of Dangerous Waste Stream			
A-1. _____ (optional)	Sequence No. 4		
A-2. Waste Parts Washer Solvent			
A-3. D039	A-4. WT02		
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW	A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	A-7. A19	
A-8. B203	A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v (If v, answer A-9.a.)		
A-9.a. _____			
B. Waste Management Activities			
B-1. 623.10 <input type="checkbox"/> ST <input type="checkbox"/> MT <input checked="" type="checkbox"/> P <input type="checkbox"/> K <input type="checkbox"/> G <input type="checkbox"/> L <input type="checkbox"/> C (If G,L, or C, answer B-1.a.)			
B-1.a. _____ <input checked="" type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity <input type="checkbox"/> lbs/Yd3			
B-2. <input type="checkbox"/> On-Site <input checked="" type="checkbox"/> Off-Site <input type="checkbox"/> Both			
B-3. _____	B-3.a. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		No Longer Required
B-4. i. Designated Facility (TSDR) ID Numbers ORD981766124			
ii. System Code M023			
iii. Quantity 623.10			
iv. Recycling Percent 94.0			

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BOOK 1: FORMS AND INSTRUCTIONS

AKC-0019796

**B-5. If additional space is required, use continuation sheet on the following page.**

i. Date Shipped (yyyy/mm/dd)	ii. Manifest Document Number	iii. Internal Tracking Code(optional)	iv. Designated Facility RCRA Site ID Number	v. Quantity Shipped
2001/03/06	0005867257		ORD981766124	100.50
2001/04/11	32616		ORD981766124	113.90
2001/07/01	63224		ORD981766124	100.50
2001/08/14	13505		ORD981766124	100.50
2001/11/06	40721		ORD981766124	100.50
2001/12/18	72672		ORD981766124	107.20

# 2001 GENERATION AND MANAGEMENT FORM ANSWER SHEET

Please enter your RCRA Site ID number and site name at right,  
before making as many two-sided copies of this answer sheet as  
you will need to report each of your waste streams.

Then complete one answer for each waste stream.

PLEASE ENTER:

RCRA SITE ID # WAD980738546

Site name: Alaskan Copper  
Works

FOR ECOLOGY USE ONLY

Date Received: \_\_\_\_\_

Be sure to reference the instructions as you complete this form.

Printed by Turbo Waste

A. Description of Dangerous Waste Stream			
A-1. _____ (optional)		Sequence No. <u>5</u>	
A-2. <u>Waste Solvents - Toluene, Acetone</u>			
A-3. <u>D001</u> <u>D007</u> <u>D008</u> <u>F003</u> <u>F005</u>		A-4. <u>WT02</u>	
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW		A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
A-7. <u>A19</u>			
A-8. <u>B203</u>		A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v (If v, answer A-9.a.)	
A-9.a. _____			
B. Waste Management Activities			
B-1. <u>2,450.00</u> <input type="checkbox"/> ST <input type="checkbox"/> MT <input checked="" type="checkbox"/> P <input type="checkbox"/> K <input type="checkbox"/> G <input type="checkbox"/> L <input type="checkbox"/> C (If G,L, or C, answer B-1.a.)			
B-1.a. _____ <input type="checkbox"/> Lbs/gal <input checked="" type="checkbox"/> Specific Gravity <input type="checkbox"/> lbs/Yd3			
B-2. <input type="checkbox"/> On-Site <input checked="" type="checkbox"/> Off-Site <input type="checkbox"/> Both			
B-3. _____		B-3.a. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
No Longer Required			
B-4. i. Designated Facility (TSDR) ID Numbers ii. System Code iii. Quantity iv. Recycling Percent			
<u>FCCANADA</u>		<u>M041</u> <u>2,450.00</u>	

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BOOK 1: FORMS AND INSTRUCTIONS

AKC-0019798

**B-5. If additional space is required, use continuation sheet on the following page.**

i. Date Shipped (yyyy/mm/dd)	ii. Manifest Document Number	iii. Internal Tracking Code(optional)	iv. Designated Facility RCRA Site ID Number	v. Quantity Shipped
2001/11/05	57851		FCCANADA	1,500.00
2001/11/14	57853		FCCANADA	950.00



# 2001 GENERATION AND MANAGEMENT FORM ANSWER SHEET

Please enter your RCRA Site ID number and site name at right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams.

Then complete one answer for each waste stream.

Be sure to reference the instructions as you complete this form.

Printed by Turbo Waste

PLEASE ENTER:

RCRA SITE ID # WAD980738546

Site name: Alaskan Copper  
Works

FOR ECOLOGY USE ONLY

Date Received: \_\_\_\_\_

## A. Description of Dangerous Waste Stream

A-1. _____ (optional)		Sequence No. <u>1</u>	
A-2. <u>Waste Flammable Liquids, N.O.S. (Petroleum Distillates, Xylene)</u>			
A-3. <u>D001</u>		A-4. <u>WT02</u>	
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW		A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
A-7. <u>A04</u>			
A-8. <u>B209</u>	A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v (If v, answer A-9.a.)		
A-9.a. _____			

## B. Waste Management Activities

B-1. <u>449.52</u> <input type="checkbox"/> ST <input type="checkbox"/> MT <input checked="" type="checkbox"/> P <input type="checkbox"/> K <input type="checkbox"/> G <input type="checkbox"/> L <input type="checkbox"/> C (If G, L, or C, answer B-1.a.)			
B-1.a. _____ <input checked="" type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity <input type="checkbox"/> lbs/Yd3			
B-2. <input type="checkbox"/> On-Site <input checked="" type="checkbox"/> Off-Site <input type="checkbox"/> Both			
B-3. _____		B-3.a. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
No Longer Required			
B-4. i. Designated Facility (TSDR) ID Numbers ii. System Code iii. Quantity iv. Recycling Percent			
<u>WAD991281767</u>		<u>M051</u>	<u>449.52</u> <u>0.0</u>

**B-5. If additional space is required, use continuation sheet on the following page.**

i. Date Shipped (yyyy/mm/dd)	ii. Manifest Document Number	iii. Internal Tracking Code(optional)	iv. Designated Facility RCRA Site ID Number	v. Quantity Shipped
2001/11/30	67411		WAD991281767	449.52

# 2001 GENERATION AND MANAGEMENT FORM ANSWER SHEET

Please enter your RCRA Site ID number and site name at right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams.

Then complete one answer for each waste stream.

PLEASE ENTER:

RCRA SITE ID # WAD980738546

Site name: Alaskan Copper  
Works

FOR ECOLOGY USE ONLY

Date Received: \_\_\_\_\_

Be sure to reference the instructions as you complete this form.

Printed by Turbo Waste

A. Description of Dangerous Waste Stream			
A-1.	_____ (optional)	Sequence No.	7
A-2.	Waste Paint - Thinners		
A-3.	D001	A-4.	WT02
A-5.	<input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW	A-6.	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
A-7.	A21		
A-8.	B211	A-9.	<input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v (If v, answer A-9.a.)
		A-9.a.	_____
B. Waste Management Activities			
B-1.	4,500.00	<input type="checkbox"/> ST <input type="checkbox"/> MT <input checked="" type="checkbox"/> P <input type="checkbox"/> K <input type="checkbox"/> G <input type="checkbox"/> L <input type="checkbox"/> C	(If G,L, or C, answer B-1.a.)
		B-1.a.	<input checked="" type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity <input type="checkbox"/> lbs/Yd3
B-2.	<input type="checkbox"/> On-Site <input checked="" type="checkbox"/> Off-Site <input type="checkbox"/> Both		
B-3.		B-3.a.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
		No Longer Required	
B-4.	i. Designated Facility (TSDR) ID Numbers	ii. System Code	iii. Quantity
FCCANADA		M041	4,500.00
		iv. Recycling Percent	0.0

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BOOK 1: FORMS AND INSTRUCTIONS

AKC-0019802

**B-5. If additional space is required, use continuation sheet on the following page.**

i. Date Shipped (yyyy/mm/dd)	ii. Manifest Document Number	iii. Internal Tracking Code(optional)	iv. Designated Facility RCRA Site ID Number	v. Quantity Shipped
2001/11/05	57851		FCCANADA	4,500.00

# 2001 GENERATION AND MANAGEMENT FORM ANSWER SHEET

Please enter your RCRA Site ID number and site name at right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams.

Then complete one answer for each waste stream.

PLEASE ENTER:

RCRA SITE ID # WAD980738546

Site name: Alaskan Copper  
Works

FOR ECOLOGY USE ONLY

Date Received: \_\_\_\_\_

Be sure to reference the instructions as you complete this form.

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A. Description of Dangerous Waste Stream			
A-1.	_____ (optional)		Sequence No. <u>3</u>
A-2.	<u>Hazardous Waste, Solid, N.O.S.</u>		
A-3.	<u>F006</u>	A-4.	<u>WT02</u>
A-5.	<input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW	A-6.	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
A-7.	<u>A22</u>		
A-8.	<u>B306</u>	A-9.	<input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v (If v, answer A-9.a.)
		A-9.a. _____	
B. Waste Management Activities			
B-1.	<u>16,203.00</u>	<input type="checkbox"/> ST <input type="checkbox"/> MT <input checked="" type="checkbox"/> P <input type="checkbox"/> K <input type="checkbox"/> G <input type="checkbox"/> L <input type="checkbox"/> C	(If G,L, or C, answer B-1.a.)
		B-1.a.	<input checked="" type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity <input type="checkbox"/> lbs/Yd3
B-2.	<input type="checkbox"/> On-Site <input checked="" type="checkbox"/> Off-Site <input type="checkbox"/> Both		
B-3.	B-3.a. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		No Longer Required
B-4.	i. Designated Facility (TSDR) ID Numbers	ii. System Code	iii. Quantity
<u>AZD980735500</u>		<u>M014</u>	<u>16,203.00</u>
		iv. Recycling Percent	<u>22.6</u>

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BOOK 1: FORMS AND INSTRUCTIONS

AKC-0019804

**B-5. If additional space is required, use continuation sheet on the following page.**

i. Date Shipped (yyyy/mm/dd)	ii. Manifest Document Number	iii. Internal Tracking Code(optional)	iv. Designated Facility RCRA Site ID Number	v. Quantity Shipped
2001/02/20	01001		AZD980735500	4,750.00
2001/04/10	01002		AZD980735500	3,723.00
2001/06/19	01003		AZD980735500	3,403.00
2001/09/05	01009		AZD980735500	4,327.00

**C. Comments**

Waste Treatment Sludge



# 2001 GENERATION AND MANAGEMENT FORM ANSWER SHEET

Please enter your RCRA Site ID number and site name at right,  
before making as many two-sided copies of this answer sheet as  
you will need to report each of your waste streams.

Then complete one answer for each waste stream.

Be sure to reference the instructions as you complete this form.

Printed by Turbo Waste

PLEASE ENTER:

RCRA SITE ID # WAD980738546

Site name: Alaskan Copper  
Works

FOR ECOLOGY USE ONLY

Date Received: \_\_\_\_\_

## A. Description of Dangerous Waste Stream

A-1. _____ (optional)		Sequence No. 2	
A-2. Hazardous Waste, Solid, N.O.S.			
A-3. D007		A-4. WT02	
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW		A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
A-7. A37			
A-8. B306		A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v (If v, answer A-9.a.)	
		A-9.a. _____	

## B. Waste Management Activities

B-1. 43,930.00 <input type="checkbox"/> ST <input type="checkbox"/> MT <input checked="" type="checkbox"/> P <input type="checkbox"/> K <input type="checkbox"/> G <input type="checkbox"/> L <input type="checkbox"/> C (If G,L, or C, answer B-1.a.)			
B-1.a. _____ <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity <input type="checkbox"/> lbs/Yd3			
B-2. <input type="checkbox"/> On-Site <input checked="" type="checkbox"/> Off-Site <input type="checkbox"/> Both			
B-3. _____		B-3.a. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
No Longer Required			
B-4. i. Designated Facility (TSDR) ID Numbers ii. System Code iii. Quantity iv. Recycling Percent			
AZD980735500		M014 43,930.00 71.5	

**B-5. If additional space is required, use continuation sheet on the following page.**

i. Date Shipped (yyyy/mm/dd)	ii. Manifest Document Number	iii. Internal Tracking Code(optional)	iv. Designated Facility RCRA Site ID Number	v. Quantity Shipped
2001/02/20	01001		AZD980735500	22,410.00
2001/07/30	01004		AZD980735500	21,520.00

**C. Comments**

Plasma cutting cleanout sludge

# OFF-SITE IDENTIFICATION INFORMATION FORM ANSWER SHEET

Please enter your RCRA Site ID number and site name at right, before making as many two-sided copies of this answer sheet as you will need.

PLEASE ENTER:

RCRA SITE ID # WAD980738546

Site name: Alaskan Copper  
Works

FOR ECOLOGY USE ONLY

Date Received: \_\_\_\_\_

Please complete this form if your facility received dangerous waste from off-site or shipped dangerous waste off-site.

Printed by Turbo Waste.

RCRA Site ID Number: <u>CAD059240713</u>			
Name: <u>M. C. Nottingham Co of So. Cal.</u>			
Address: _____			
Handler Type: (Check all that apply.) <input type="checkbox"/> Generator <input checked="" type="checkbox"/> Transporter <input type="checkbox"/> TSDR			
RCRA Site ID Number: <u>AZD980735500</u>			
Name: <u>World Resources Company</u>			
Address: <u>8113 West Sherman Street</u> <u>Phoenix, AZ 85043</u>			
Handler Type: (Check all that apply.) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input checked="" type="checkbox"/> TSDR			
RCRA Site ID Number: <u>WAR000001743</u>			
Name: <u>Burlington Environmental</u>			
Address: _____			
Handler Type: (Check all that apply.) <input type="checkbox"/> Generator <input checked="" type="checkbox"/> Transporter <input type="checkbox"/> TSDR			
RCRA Site ID Number: <u>WAD991281767</u>			
Name: <u>Burlington Environmental, Inc.</u>			
Address: <u>20245 77th Avenue South</u> <u>Kent, WA 98032</u>			
Handler Type: (Check all that apply.) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input checked="" type="checkbox"/> TSDR			
RCRA Site ID Number: <u>SCR000075150</u>			
Name: <u>Safety Kleen</u>			
Address: _____			
Handler Type: (Check all that apply.) <input type="checkbox"/> Generator <input checked="" type="checkbox"/> Transporter <input type="checkbox"/> TSDR			

<b>RCRA Site ID Number:</b> SCR000074591			
<b>Name:</b> Safety Kleen, Inc.			
<b>Address:</b>			
<b>Handler Type: (Check all that apply.)</b> <input type="checkbox"/> Generator <input checked="" type="checkbox"/> Transporter <input type="checkbox"/> TSDR			
<b>RCRA Site ID Number:</b> ORD981766124			
<b>Name:</b> Safety Kleen Systems			
<b>Address:</b> 16540 SE 130th Avenue, Bldg B Clackamas, OR 97015			
<b>Handler Type: (Check all that apply.)</b> <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input checked="" type="checkbox"/> TSDR			
<b>RCRA Site ID Number:</b> MIT270019904			
<b>Name:</b> Safety Kleen Ltd. (Delta)			
<b>Address:</b>			
<b>Handler Type: (Check all that apply.)</b> <input type="checkbox"/> Generator <input checked="" type="checkbox"/> Transporter <input type="checkbox"/> TSDR			
<b>RCRA Site ID Number:</b> CAT000624247			
<b>Name:</b> M.P. Environmental			
<b>Address:</b>			
<b>Handler Type: (Check all that apply.)</b> <input type="checkbox"/> Generator <input checked="" type="checkbox"/> Transporter <input type="checkbox"/> TSDR			
<b>RCRA Site ID Number:</b> UTD981552177			
<b>Name:</b> Safety Kleen (Aragonite), Inc			
<b>Address:</b> 11600 N Aptus Road Aragonite, UT 84029			
<b>Handler Type: (Check all that apply.)</b> <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input checked="" type="checkbox"/> TSDR			
<b>RCRA Site ID Number:</b> FCCANADA			
<b>Name:</b> Safety Kleen (Delta), Inc			
<b>Address:</b> 7842 Progress Way Delta, BC V4G 1A4			
<b>Handler Type: (Check all that apply.)</b> <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input checked="" type="checkbox"/> TSDR			
<b>RCRA Site ID Number:</b> UTD991301748			
<b>Name:</b> Safety Kleen (Grassy Mtn), Inc			
<b>Address:</b> Exit 41 off I-80 3 miles E 7 miles north Clive, UT 84083			
<b>Handler Type: (Check all that apply.)</b> <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input checked="" type="checkbox"/> TSDR			



## WORLD RESOURCES COMPANY

5113 West Sherman Street  
Tucson, Arizona 85733-4025Tel: 602.233.9166  
Fax: 623.936.9164

February 12, 2002

**Mr. Gerald Thompson**  
Environmental Assistant  
**Alaskan Copper Works, Inc.**  
3200 Sixth Avenue South  
Seattle, WA 98124

Dear Mr. Thompson:

In accordance with the requirements of the Washington State Department of Ecology, World Resources Company (WRC) is happy to provide you with the following information needed to determine the exact amount of Alaskan Copper Work's material recycled by WRC during the 2001 calendar year.

WRC is aware that the State of Washington requires a copy of the recycling credit documentation. In the past, Ms. Holly Sullivan at the Department of Ecology has been receptive to a copy of this letter as sufficient proof of recycling credit documentation.

The following information is provided for use in your submittal:

	F006	D007
Total Wet Tons Received:	7.64	22.17
Average Percent Solids:	22.57	71.53
Total Dry Tons:	1.72	15.85
Total Percentage Recycled: 100%	less 77.43% moisture	less 28.47% moisture

After consultation with WRC corporate, technical, and legal personnel, it appears that the Form Code of B306 (if lime or hydroxide is used to precipitate your metals) or B319 (other waste inorganic solids) might be appropriate choices to be used in preparing your submission. These codes are from the Washington Department of Ecology Book 2 Guidebook and Codes. Additionally, the system code of M014 (other metals recovery for reuse) would be applicable to WRC's recycling process. WRC expands on the M014 description with "thermal concentration and compounding to produce metal concentrate products via an industrial process," which best describes WRC's recyclable material management.

Please be advised that in accordance with 40 CFR 262.11, the ultimate decision as to the classification of the hazardous waste (e.g., the Form Code) rests with the generator. The views expressed by WRC herein, should not be considered as legal advice or substituted for the more accurate generator's technical knowledge or laboratory analysis of the recyclable materials and the generation process used.

If you have any questions regarding this information, please contact me at (602) 233-9166, ext. 203.

Sincerely,

WORLD RESOURCES COMPANY

Jack Fahney  
Director of Environmental, Health & Safety Affairs

ISO 9001 &amp; 14001 Certified Recycling Facility

